6201 MINERAL POINT ROAD
MADISON 53705

MADI SON 53705 Phone: (608) 230-4201		Ownershi p:	Nonprofit Church/Corporation
Operated from 1/1 To 12/31 Days of Operation:	365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	Yes
Number of Beds Set Up and Staffed (12/31/01):	137	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/01):	137	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/01:	129	Average Daily Census:	134
	ale		

Services Provided to Non-Residents	Age, Sex, and Primary Diagn	osis of	Residents (12/3	31/01)	Length of Stay (12/31/01)	%	
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	36. 4
Supp. Home Care-Personal Care	No	ĺ]	1 - 4 Years	48. 1
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	3. 1	More Than 4 Years	15. 5
Day Servi ces	No	Mental Illness (Org./Psy)	42.6	65 - 74	0.8		
Respite Care	No	Mental Illness (Other)	0.8	75 - 84	27.9	•	100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	52. 7	*********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & 0ver	15. 5	Full-Time Equivalen	t
Congregate Meals	No	Cancer	1.6	İ	j	Nursing Staff per 100 Res	si dents
Home Delivered Meals	No	Fractures	4. 7		100. 0	(12/31/01)	
Other Meals	No	Cardi ovascul ar	10. 1	65 & 0ver	96. 9		
Transportati on	No	Cerebrovascul ar	9. 3			RNs	12. 3
Referral Service	No	Diabetes	0.8	Sex	% j	LPNs	6. 0
Other Services	No	Respi ratory	0. 8		j	Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	29. 5	Male	18. 6	Aides, & Orderlies	51. 4
Mentally Ill	No	İ		Female	81.4		
Provide Day Programming for		Ì	100.0		j		
Developmentally Disabled	No	j			100. 0		
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Method of Reimbursement

		Medicare litle 18			edicaid itle 19	=		0ther			Pri vate Pay	:		amily Care		N	Managed Care			
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi- dents	
Int. Skilled Care	0	0. 0	0	1	3. 3	135	0	0. 0	0	2	2. 3	194	0	0. 0	0	0	0.0	0	3	2. 3
Skilled Care	10	100.0	379	29	96. 7	116	2	100.0	115	83	96. 5	167	0	0.0	0	1	100.0	419	125	96. 9
Intermediate				0	0.0	0	0	0.0	0	1	1. 2	168	0	0.0	0	0	0.0	0	1	0.8
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Ventilator-Depender	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	10	100.0		30	100.0		2	100.0		86	100.0		0	0.0		1	100.0		129	100. 0

County: Dane OAKWOOD LUTHERAN - HEBRON OAKS

***********	*****	**********	******	*****	******	*********	*****
Admissions, Discharges, and		Percent Distribution	of Residents'	Condi ti	ons, Services,	and Activities as of 12/	31/01
Deaths During Reporting Period	l						
				9/	6 Needi ng		Total
Percent Admissions from:		Activities of	%		istance of	<i>J</i>	Number of
Private Home/No Home Health	4. 2	Daily Living (ADL)	Independent	0ne	Or Two Staff	Dependent 1	Resi dents
Private Home/With Home Health	2. 6	Bathi ng	1. 6		85. 3	13. 2	129
Other Nursing Homes	5. 3	Dressi ng	3. 9		87. 6	8. 5	129
Acute Care Hospitals	82. 1	Transferring	12. 4		74. 4	13. 2	129
Psych. HospMR/DD Facilities	0.0	Toilet Use	8. 5		74. 4	17. 1	129
Rehabilitation Hospitals	0.0	Eating	59. 7		25. 6	14. 7	129
Other Locations	5.8	*************	******	******	******	********	******
Total Number of Admissions	190	Continence		%	Special Treatm	ents	%
Percent Discharges To:		Indwelling Or Externa	ıl Catheter	5.4	Receiving Re	spi ratory Care	7. 0
Private Home/No Home Health	29. 1	0cc/Freq. Incontinent	of Bladder	46. 5	Receiving Tr	racheostomy Care	0.8
Private Home/With Home Health	9. 7	0cc/Freq. Incontinent	of Bowel	38. 0	Receiving Su	icti oni ng	0.8
Other Nursing Homes	2.0	ĺ			Receiving 0s	stomy Care	5. 4
Acute Care Hospitals	2. 6	Mobility			Receiving Tu	ibe Feedi ng	0.8
Psych. HospMR/DD Facilities	0.0	Physically Restrained	l	0.8	Receiving Me	chanically Altered Diets	27. 9
Rehabilitation Hospitals	0.0					·	
Other Locations	21.9	Skin Care			Other Resident	Characteristics	
Deaths	34. 7	With Pressure Sores		6. 2	Have Advance	Directives	95. 3
Total Number of Discharges		With Rashes		0.8	Medi cati ons		
(Including Deaths)	196	[Receiving Ps	ychoactive Drugs	50. 4
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Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

	This Facility	Ownershi p: Nonprofi t Peer Group		100	Si ze: - 199 Group	Ski Peer	ensure: l l ed Group		lities	
	%	%	% Ratio		Ratio	%	Ratio	%	Ratio	
Occupancy Rate: Average Daily Census/Licensed Beds	97. 8	89. 4	1. 09	83. 8	1. 17	84. 3	1. 16	84. 6	1. 16	
Current Residents from In-County	94. 6	82. 7	1. 14	84. 9	1. 11	82. 7	1. 14	77. 0	1. 23	
Admissions from In-County, Still Residing	23. 7	25. 4	0. 93	21. 5	1. 10	21. 6	1. 10	20. 8	1. 14	
Admissions/Average Daily Census	141.8	117. 0	1. 21	155. 8	0. 91	137. 9	1.03	128. 9	1. 10	
Discharges/Average Daily Census	146. 3	116.8	1. 25	156. 2	0. 94	139. 0	1.05	130. 0	1. 12	
Discharges To Private Residence/Average Daily Census	56 . 7	42. 1	1. 35	61. 3	0. 93	55. 2	1.03	52. 8	1. 07	
Residents Receiving Skilled Care	99. 2	93. 4	1.06	93. 3	1.06	91.8	1. 08	85. 3	1. 16	
Residents Aged 65 and Older	96. 9	96. 2	1. 01	92. 7	1. 04	92. 5	1. 05	87. 5	1. 11	
Title 19 (Medicaid) Funded Residents	23. 3	57. 0	0. 41	64. 8	0. 36	64. 3	0. 36	68. 7	0. 34	
Private Pay Funded Residents	66. 7	35. 6	1. 87	23. 3	2. 86	25. 6	2.61	22. 0	3. 03	
Developmentally Disabled Residents	0. 0	0. 6	0.00	0. 9	0.00	1. 2	0. 00	7. 6	0. 00	
Mentally Ill Residents	43. 4	37. 4	1. 16	37. 7	1. 15	37. 4	1. 16	33. 8	1. 28	
General Medical Service Residents	29. 5	21.4	1. 38	21. 3	1. 38	21. 2	1. 39	19. 4	1. 52	
Impaired ADL (Mean)	48. 2	51. 7	0. 93	49. 6	0. 97	49. 6	0. 97	49. 3	0. 98	
Psychological Problems	50. 4	52. 8	0. 95	53. 5	0. 94	54. 1	0. 93	51. 9	0. 97	
Nursing Care Required (Mean)	6. 2	6. 4	0. 97	6. 5	0. 96	6. 5	0. 95	7. 3	0. 85	